

BRUNSWICK COUNTY DIXIE SOFTBALL

BELLES AND DEBS REGISTRATION REGISTER DECEMBER 3RD – FEBRUARY 25TH

8:30 a.m. till 5:00 p.m. Monday – Friday. Building M Government Complex

Dixie Belles 13-15 years old

Anyone whose sixteenth (16th) birthday falls on or after JANUARY 1st of 2013 shall be eligible to compete in and complete the current Dixie Belles season.

Dixie DEBS 16-19 years old

Anyone whose Nineteenth (19th) birthday falls on or after JANUARY 1st of 2013 shall be eligible to compete in and complete the current Dixie Debs season.

NEED A COPY OF BIRTH CERTIFICATE AND PARENT OR GUARDIAN TO REGISTER.

BIRTH CERTIFICATE IS MANDATORY

REGISTRATION FEE IS \$50.00



STATE CHAMPIONS

BELLES

2003 – 2005

DEBS

2006 – 2008 – 2009



CONTACT PERSON – BRIAN MOORE
910.253.2670 or bmoore@brunscos.net

mail to:

BRUNSWICK COUNTY PARKS & RECREATION
P.O. BOX 249-BOLIVIA, N.C. 28422
FAX – 910.253.2684
www.brunscos.net

CONNECT!



www.facebook.com/pages/Brunswick-County-Parks-and-Recreation/140649510863



www.twitter.com/brunswickparks



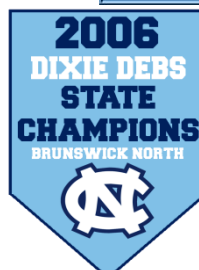
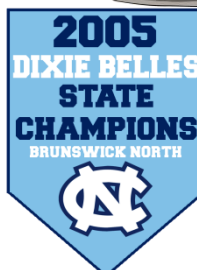
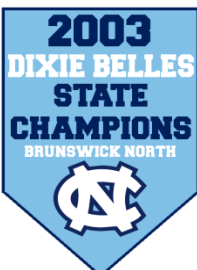
www.brunswickcountync.gov/Departments/CommunityServices/ParksandRecreation.aspx

STAY INFORMED! GET INVOLVED!
BRUNSWICK COUNTY PARKS and RECREATION
SOCIAL MEDIA!



"A Coastal Treasure in Recreation"

PARKS & RECREATION



Office Use Only

☐ **Paid**

☐ **Birth Certificate**

☐ **Receipt #** _____

ATHLETIC REGISTRATION FORM

Brunswick County Parks & Recreation Department

NAME: _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: _____ **AGE:** _____
(MONTH) (DAY) (YEAR)

PHYSICAL ADDRESS: _____
(STREET)

(CITY) (ZIP)
PHONE: () **EMERGENCY:** ()

EMAIL: _____ @ _____ .

SCHOOL: _____ **GRADE:** _____ **PREVIOUS TEAM:** _____

PLEASE LIST ANY PHYSICAL PROBLEMS THAT MAY LIMIT PARTICIPATION:

(FORM MUST BE FILLED OUT COMPLETELY WITH BIRTH CERTIFICATE & FEE PAID TO BE ELIGIBLE)

IT IS NOT GUARANTEED THAT YOUR CHILD WILL BE ON THE SAME TEAM AS LAST YEAR.

YOUR CHILD **MUST** PLAY DIXIE SOFTBALL WHERE SHE PLAYED DIXIE YOUTH SOFTBALL. IF THERE IS NOT A TEAM FROM THAT LEAGUE, SHE WILL BE ABLE TO PLAY FOR THE NEXT CLOSEST TEAM IN THE AREA.

I/WE, the Parents/Guardians of the above named candidate for a position on any of the Dixie Softball, Inc. teams, hereby give MY/OUR approval to her participation in any and all Dixie Softball, Inc. during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, Dixie Softball, Inc. League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the Dixie Softball, Inc. Rules of Conduct.

EQUIPMENT:

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote Brunswick County Dixie Baseball.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: BRIAN MOORE ~ P.O. BOX 249 ~BOLIVIA, NC 28422

FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED/FEE PAID/& A COPY OF PARTICIPANTS BIRTH CERTIFICATE RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.) I/WE have read the above and agree and understand the policies set forth above

PARENT OR GUARDIAN

DATE

DIXIE YOUTH LEAGUE PLAYED FOR:

Leland ☐ Town Creek ☐ Southport-Oak Island ☐ Lockwood Folly ☐ Shallotte ☐ Waccamaw ☐

Have You Moved? ☐ Yes ☐ No Where: _____

Do You Want To Play In New Location Where You Moved? ☐ Yes ☐ No